

### REMARKS

Prior to this communication, claims 29-45, 47-58, and 60-99 were pending, with claims 29, 44, 45, and 52 being independent claims. We thank the Examiner for his indication that claims 45, 48, 50, 51, and 85-99 are allowed, and that claims 34, 35, 40-42, 47, 49, 53, 54, 62-64, 74, 75, and 79-81 would be allowable if rewritten in independent form including all the limitations of the base claim and intervening claims.

In this communication, we have amended claims 29, 44, 52, cancelled claims 34, 47, 53, and added new claims 100-102. Accordingly, as amended, the applicant includes claims 29-33, 35-45, 48-52, and 54-102, with claims 29, 44, 45, 52, and 100-102 being independent claims.

We further acknowledge objections to claims 29 and 82-84 for lack of antecedent basis. Objection to claim 29 has been addressed in the amendment to the claim. However, claim 82 refers to a module that "includes an orifice plate," so the basis of the objection to claims 82-84 is not clear to us. We ask the Examiner to clarify this objection in his next communication.

Furthermore, we have amended claim 29 to include the limitation of claim 34, we have amended claim 44 to include the limitation of claim 47, and we have amended claim 52 to include the limitation of claim 53. New independent claims 100-102 correspond to claims 49, 74, and 62, respectively, rewritten in independent form including the limitations of their corresponding base claims and intervening claims. Accordingly, we submit that independent claims 29, 44, 45, 52, and 100-102 are in condition for allowance, and ask that the prior art rejections to claims 29, 44, 45, and 52 be withdrawn.

We submit that all claims are in condition for allowance, which action is requested.

Enclosed is a \$258.00 check for excess claim fees and a \$950.00 check for the Petition for Extension of Time fee. Please apply any other charges or credits to deposit account 06-1050, referencing Attorney Docket No. 09991-014001.

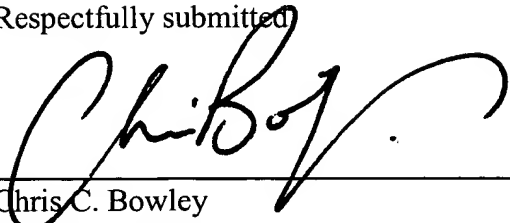
Applicant : Robert PALIFKA et al.  
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Respectfully submitted

Date: \_\_\_\_\_

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